
MEDICAL EXAMINER.

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[Vol. I.

ORIGINAL COMMUNICATIONS.

*Notes written by the patient whose case was reported by Dr.
RUSCHENBERGER, in our last number:*

The following short notes of this case, were made by the patient himself, and are given in his own words.

Oct. 18th, the day of the operation. The *cutting* less painful, and sawing more so than I had anticipated, especially on some portions of the bone, which were more sensitive than other portions. The use of the hammer and chisel to separate extraneous masses of bone, excessively shocking to the nervous system. It occupied rather more than one hour ere I was placed in bed and the limb adjusted, and three-quarters of an hour under the actual operation.

On being put to bed, and the wound dressed, I had little or no pain, and in every sense became comfortable. What pain there was occurred at intervals of half to three-fourths of an hour, lasting only a few minutes, of a burning sensation rather than what I should call acute pain, and which seemed to linger about the exterior. Pulse rather full till nine P. M., when a healthy reaction took place. No symptoms of fever. The night was sleepless; little pain, but continued thirst.

2d day. The pains diminishing, and the intervals between them increased. Good spirits: no fever. An acute soreness in the abdomen, with excessive pain in the back, doubtless the effect of position. Had an hour's sleep. During the night obtained three hours sleep; but suffered greatly with pain in the abdomen and from thirst.

3d day. Little or no pain in the limb. Soreness in back and abdomen continuing; spirits good; no fever; little appetite. During the night had three hours sleep; much thirst; and always more nervous during the night than day.

4th day. Pain in abdomen and back very much abated, and the whole system more agreeable than heretofore. Appetite better. No fever. To-day the wound was exposed, and pronounced to have a healthy appearance. Though the day was agreeable, yet the night was the most irksome and painful of any previous to it, caused by a spasmodic attack in the limb at eleven P. M., and repeated several times during the night, occasioning an unusual flow of blood, creating pricking sensations about the wound and in the calf, from which I was relieved when the wound was dressed in the morning. It was

remarked to-day that the muscles seemed to have accommodated themselves easily to their present and more natural position, from which they had been diverted just *two years and ten months*; and the bones retained in the desired position by very slight means.

5th day. After the dressing the limb became easy: the *back* and *abdomen* are entirely relieved from pain at last. No fever, and spirits good. Several spasms occurred.

Had five hours sleep and no spasm.

6th day. No actual pain, but the wound is becoming extremely sensitive to touch or motion. The foot benumbed and heavy, and subject to frequent change from heat to cold, and vice versa. Digestion good. Four hours sleep and no spasm.

7th day. The sensitiveness of the wound increasing, but still appears healthy; (what the doctors call beautiful.) The foot becoming more and more weighty, but has not swollen in the least.

Had four hours sleep at night; spasms abated.

8th day. Differs in no degree from the preceding one.

9th day. The wound has now become unbearably sensitive to the slightest touch or motion—ridiculously so. The spring of the floor, occasioned by a person walking across the room, and even the jar communicated to the building by carriages driving along the paved streets, affecting (if not actually afflicting) the wounded parts. In the first instance the pain was confined to the exterior wound, but now the interior has more than its share. Especially where the extraneous bones or bridges were removed is the seat of inconvenience.

10th day. No change in the last twenty-four hours.

11th day. The same as the preceding twenty-four hours.

12th day. No alteration in the sensitiveness of the wounded parts. At 5 P. M. was seized with a severe pain in the foot, as if all the bones in it had been crushed by some weighty mass. At six it became excruciating; caused it to be rubbed with oil of camphor, which allayed the pain almost immediately.

13th day. Extreme sensitiveness of the wound *somewhat* abated; otherwise no pain.

14th day. The transitions from heat to cold, &c., benumbed feeling, and sense of weight in the foot, mentioned on the sixth day, have continued up to this time, but at length are abating, together with the sensitiveness in the region of the wound.

From the second to the end of the third week, no new symptoms. No swelling. Good health. All inconveniences gradually diminishing. The union of the bones considered to have occurred unusually rapid during this week. On the twenty-first day it was considered tolerably firm. The only pain and inconvenience to which I am now subjected, are from the application of *splints*, *compresses*, and such means as are usual for retaining the bones in their proper place.

To the end of the fourth week little or no pain, or other inconvenience consequent upon the operation. The union of the bones has

become so firm as to admit of the limb being rolled about the pillow, and the wound healed, except in one point, where it is frequently probed, a fragment of bone being about to detach itself.

To the end of the fifth week, the union hardening perceptibly each day. Left the bed several times this week, for a few minutes, to receive a cold shower upon the limb. On the fortieth day arose from the bed on crutches, and in four days thereafter the splints and bandages were dispensed with.

REMARKS.

During my confinement to bed, the pulse ranged from 70 to 87; and sometimes, from exciting causes, as high, temporarily, as 93. But my pulse is usually rapid, and easily excited. My appetite did not vary from its customary moderate standard.

Entertaining no anxiety for the result, my mind was calm; and I was even satisfied with my confinement and almost torpid state of body.

It was remarked that the greatest degree of uneasiness, pains, spasms, and other annoyances incident to my condition, always occurred just as I was about to compose myself to sleep.

In the foregoing account, where I have given three, four, or five hours sleep, I would explain that I seldom had an unbroken repose for that time; that only on one occasion I had an hour's sleep in daylight; and that the night of the day on which I quitted the bed was the first I enjoyed for the entire night. In health, however, I am accustomed to little sleep—seldom more than five hours.

CLINICAL REPORTS.

PHILADELPHIA ALMS-HOUSE HOSPITAL, BLOCKLEY.

Congenital want of power, and muscular atrophy of the lower extremities.—P. T., black, æt. 50, entered the hospital Nov. 24th. Of his history I know nothing, except that he was accustomed to move about the streets in a little waggon, propelled by himself, having been unable to walk from childhood. His head was large, his neck, chest, and superior extremities remarkably well developed; his inferior extremities flexed, and very much atrophied.

I did not see the patient until the day of his death; and no notes of his case were taken. Consequently, I can give but an imperfect account of his medical history. Previously to his last attack he had enjoyed good health; after recovering from a cough which had lasted some months, and which, as we shall see, depended upon a tuberculous deposit.

At the time of his attack he complained of inability to retain food on his stomach, and had been thus affected for three days. He had no jaundice; he was cheerful and his mind was clear. He took that night opii gr. ss. hyd. chlor. mit. gr. x. This operated twice on his bowels, and in the morning he appeared better. On the evening of the 27th,

the nausea returned, and was relieved by a draught containing twenty drops of the tincture of opium. On the morning of the 28th, the sickness of stomach returned, and an emetic of ipecacuanha was administered. In the evening his intellect was disturbed, and nervous tremors were present. The conjunctiva presented the tint of slight jaundice, pulse small and feeble, about 100 in the minute. On being questioned on this point, he said that he had been drinking about a pint of spirit a day for some time before his entrance, (an ounce of brandy every two hours.)

On the morning of the 29th, he offered the following symptoms: insensibility to sound, and almost complete coma; incessant hiccough, alternating with moaning; conjunctiva deeply jaundiced and injected; pupils much contracted; grimaces, especially a drawing of the mouth to the left; tremors and subsultus of the left arm, with strong contraction and rigidity; left leg participating in the tremors; sensibility to strong impression on the skin; some contraction of the right arm, but no contractile sensibility remaining; rattle commencing in the trachea; pulse very small, scarcely perceptible, about 60.

R. Spts. Vin. Gallic. \bar{z} ss. q. $\frac{1}{4}$ h.
 Ammon. carb. gr. v. q. $\frac{1}{2}$ h.
 Enema Ol. Terebinth, q. h. 4 ta.
 Emp. vesicat. ad caput.
 Sinapism ad abdomen and femora.

No reaction took place; he gradually sank, and died at six P. M.

Autopsy, eighteen hours after death, results as follows:

Head.—Scalp of a deep yellow colour, its vessels containing much blood; vessels between the dura mater and cranium tinged with blood more red than usual; dura mater of a yellowish pink colour, presenting a punctiform injection at the junction of the sagittal and coronal sutures, and along the inferior margin of the parietal bones; arterial vessels full, and the minute branches conspicuous; effusion of serum into the cavity of the arachnoid to the amount of three fluid ounces; arachnoid somewhat opaque in parts, and distended with serum effused under it. Pia mater presented a minute capilliform injection through its whole extent, more marked at the base of the brain. Central substance, both cortical and medullary, natural in colour and consistence; ventricles contained but a few drops of yellowish fluid, lining membrane healthy.

Thorax.—*Lungs*—Strong adhesions of a remote date at the summit of the right lung, slighter ones at corresponding portion of the left; traces of emphysema in both. At the summit of the right lung, a cavity of the size of a walnut, with firm walls and a smooth lining membrane; this was empty and communicated with a large bronchus. The left lung near its summit, and posteriorly, presented a slight depression, at which point its tissue was firm and cartilaginous to the feeling, and seemingly free from tubercular matter; this appeared to be the cicatrix of a cavity. Both lungs contained a moderate number of small tubercles,

some semicretaceous, others very hard and imbedded in a fibrous tissue. Posteriorly the lower lobes were much congested and softened, and in a state resembling apoplexy.

Heart.—Slight effusion into the pericardium; heart itself rather larger than the average; parietes normal in thickness but softened; slight traces of previous endocarditis in the left ventricle. In the right ventricle was found a semi-organized coagulum of a yellow colour, extending in one direction into the auricle, and an inch or two into the descending cava; in the other direction into the pulmonary artery and its branches to the most minute ramifications traceable by the naked eye. When drawn out and suspended in water, its terminating filaments resembled the radicles of a plant. A coagulum less organized was found in the left ventricle, extending through the arch of the aorta and a short distance in the subclavian and carotid arteries.

Abdomen.—Beneath the skin was a layer of fat an inch in thickness. The omentum contained also a great quantity of it.

Stomach contained a thick tenacious dark coloured mucus. Its interior surface was of a dusky pink colour, and, near the cardiac orifice was a bright arborescent injection. Scattered over the surface were slight depressions, the commencement of follicular ulceration. The mucous membrane was thickened and softened, being easily removed in strips of six or eight lines in length.

Intestines.—The duodenum offered traces of active inflammation, extending from the pyloric orifice below the orifice of the ductus choledochus communis. The ileum and jejunum were healthy, and contained a dark brown thick mucus. Peyer's glands conspicuous, but not elevated. The colon contained some thin, dark, fecal matter. On its mucous membrane were seen small cicatrices, and a few ulcers in the process of cicatrization.

Liver of a yellowish red or brickdust colour, slightly cyrrhosed; the surface of the lobulus spigelii and the adjoining portion of the right lobe presented a stellated injection of a dark colour. The parenchyma was considerably softened.

The *gall-bladder* contained some thick, dark bile; as did also the hepatic, and cystic, and common ducts; they offered no trace of inflammation.

Spleen of a middle size, red and softened.

Pancreas firm and of a light colour.

Kidneys.—These were enveloped in a thick covering of fat; they were pale and softened.

Spinal Marrow.—Only the lower portion was examined; its substance normal in consistence and colour. The pia mater offered a bright and minute venous injection.

Nerves of the lower extremities.—The sciatic and anterior crural nerves were of the full size, and nowise altered from the normal condition; but the external iliac and femoral arteries were very small, the latter being scarcely larger than the brachial. The thigh was but ten inches in circumference, and consisted in a great measure of fat, forming a layer an inch and a quarter thick under the skin. Muscles of the thigh were

thin and pale; the sartorius being with difficulty distinguished from the surrounding fat—and the rectus internus not more than a line in thickness. The leg was but eight inches in circumference at the calf. H. S.

PENNSYLVANIA HOSPITAL—*Surgical Wards—Service of Dr. E. PEACE.*

1. *Fracture of the humerus with separation of the condyles.*—Discharged, January 1st, a case of transverse fracture of the humerus near the condyles, with a longitudinal fracture separating the inner condyle from the shaft of the bone, in a child, æt. 5, and attended with considerable inflammation of the elbow-joint. The inflammation was subdued with leeches and the lead-water lotion. The fracture was treated with a jointed splint, fixed, in the first instance, at a right angle, and applied to the inner side of the limb. Three small splints were adjusted severally to the three other faces of the humerus. After the first week, the angle of the inner splint was gradually increased, so as to extend the limb. Passive motion of the forearm was begun at the end of the second week, by which time union appeared to have become quite firm. The small splints were removed in three weeks, and the jointed splint in thirty days. Some rigidity of the joint remained. This was gradually overcome so far as to enable the patient to extend the limb almost completely, but not to flex it further than to an angle of about forty-five degrees. No deformity was apparent. The child remained in the ward thirty days after the splints were taken off, on account of the imperfect motion of the joint. He was discharged at last without having recovered the power of entirely flexing his arm, although he appeared to be slowly regaining this also. E. H.

THE MEDICAL EXAMINER.

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 PHILADELPHIA, JANUARY 15, 1842.  
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Susceptibility to Pain during Operations.

If apology be needed for the introduction of the extra professional notes found in the department of original communications, we trust it will be found in the light which they throw upon questions continually and most anxiously propounded by our patients when about to undergo formidable or tedious operations—questions relating to the degree and character of the pain about to be endured. Very rarely have we met with evidences derived from the observation of the patients who have undergone such trials, noted at the moment and during the succeeding days with so much philosophic coolness. The susceptibility to pain varies in different persons; and, on one occasion, we were told by the

patient, after a very protracted dissection for the removal of several fragments of the bones forming the elbow-joint, that he suffered no pain whatever. Cases of this character have been usually fatal in their issue; being generally, though not invariably, the result of a deficiency of functional activity in the nervous system. The late Francis Higgins, a former steward of the Pennsylvania Hospital, declared, when advanced in life, that he had never suffered pain, and knew not the sensation, inquiring,—in frank wonder,—what was the meaning of the term; although, when acting as jailor in the terrible period of yellow fever, either in 1797 or 1798, he had been wounded in the abdomen by a prisoner, in an attempt upon the gates of the city prison from within, and actually ran nearly half a square with the protruding intestines suspended in his hands, until caught by a citizen while in a frantic state of mind, but unconscious of the injury. In this case, the immunity from pain was not the result of deficient excitability of the organs of sense acting in their healthful conditions; for his senses were acute. It is a curious fact that, though peculiarly free from the painful consequences of mechanical injuries, he was not equally exempt from the indirect results of internal disease; for, in his first and last severe illness—that which caused his death—he suffered intensely and acutely from a pulmonary affection.

It seems that a second edition of the old contest between Abernethy and the London Lancet is now enacting in New York. Dr. Mott, of the new medical school of that city, objects to the publication of notes of his lectures in the New York Lancet, a new medical periodical just started under the auspices of the publisher of the New York Herald. The editor of the Lancet, not yielding his purpose to make use of the professor's lectures, is excluded from the college, and a chancery injunction is issued to arrest the publication of the lectures. We suppose it is intended to refer the matter to a legal decision, and, in the mean time, both professor and journal reap the indirect advantages of the notoriety which follows such a contest. The abstract right in the question appears to us to be mainly on the side of the editor of the Lancet. The privilege of taking and using notes of a public course of lectures is included in the purchase of a ticket—in the absence, at least, of a special stipulation to the contrary. It may be that it is uncourteous and unfair to use the privilege against the wishes of a lecturer, and he may reasonably complain and seek redress, if his thoughts or language are misrepresented. Few lecturers, however, are disposed to withhold their lectures from publication; and Professors in medical schools, particularly, are in general

nothing loath to the circulation of a good lecture in a medical journal. Dr. Mott specially objects, on the ground that the freshness will be taken off a similar publication of his own which he has in immediate contemplation. But the publication of a series of valuable *notes* of his lectures, would no doubt be the best advertisement for a subsequent fuller course to be issued under his own sanction. Not that we suppose, however, that the booksellers deem the hubbub of a chancery injunction and discussion in the newspapers, a bad herald of a new work.

The publication of courses of lectures has formed part of the plan of the Examiner during past years. We are now inclined so far to modify our plan, as to confine ourselves to occasional lectures, or short courses on specialities. Systematic courses, particularly when the same subjects come to be repeated by different hands, are overcharged with elementary matter, familiar to every educated physician. The London Medical Gazette and Lancet, which have in former times given a large number of sets of lectures, are now very much narrowing the space assigned to these subjects, and, in fact, appear to have adopted about the plan which we shall follow in the Examiner.

Medical Students of Philadelphia.—There seems to be a disposition in some quarters in New York, to harp upon a recent disturbance at a place of public amusement in this city, with the sinister aim of creating an unfavourable impression of the moral habits of the students of medicine who frequent Philadelphia. The intention here is too palpable to take effect. We would, moreover, suggest to the parties concerned, that they are impolitic in thus pertinaciously insulting the large and respectable body of students who frequent Philadelphia. We have no local or party feeling in the matter, and it is well known that we have not shrunk from free comment upon the professors and institutions of this city. But we deem it simple justice to expose and disprove these contemptible insinuations against the students collected here. The *émeute* which has been so grossly magnified for party purposes, was a simple quarrel at one of the theatres, into which a few medical students were drawn by very unprovoked aggression. The general deportment of the students here is unexceptionable. The great body of them are devoted to their studies; some find time for occasional relaxation, and no doubt partake of the amusements which abound in a large city; but the large

mass, in gentleman-like bearing, and orderly habits, will stand comparison with any similar collection of young men. These attacks upon them from New York are easily seen through.

FOREIGN.

Extract from a paper on the treatment of Varicose Veins by the needle and twisted suture. By T. B. PEACOCK, Esq., late House Surgeon to the Chester Infirmary, &c.

I was first led to make trial of this plan from reading the report of a case by Mr. Melvin, in the number of the London Medical Gazette for July 7th, 1838, and I have since applied it myself, or seen it made use of by the surgeons to the Chester Infirmary, in at least thirty cases, of several of the most important of which I have retained notes. The plan adopted has been that recommended in the paper referred to, of passing a common curved suture needle under the vein, constricting it with a thread in the figure-of-8 form, and having turned the needle on its side, retaining it there by straps of adhesive plaster: at the end of two or three days, the ligature, if only moderately tightened at first, will require to have a fresh one passed over it; and in two or three more the needle may be removed. Several different methods have been proposed for effecting the obliteration of the vein by the needle; but this, which was originally introduced by Velpeau, as being the most simple, is that which I have always adopted. The length of time which it will be necessary for the needle to remain will depend on whether it is intended simply to excite suppuration, or to ulcerate out; the last being the course which I have usually followed, as in one or two instances, in which the needle was withdrawn after exciting suppuration, the obliteration of the vein was found not to have been effected. This plan has, however, been objected to as leaving a sore difficult to heal afterwards; but in only one instance have I seen it attended by any such result. For the needle to ulcerate its way out, the time usually required will be from a week to ten days; but it will vary greatly according to the state of the part in which it is applied: in the immediate neighbourhood of an ulcer, where the skin is thin and inflamed, a day or two will often suffice to commence the ulcerative action, and three or four for the needle to escape; while, when inserted some distance from the seat of disease, and beneath sound integument, the process will require ten days, a fortnight, or even longer. Thus, in a case lately under my charge, where the needle was inserted beneath a tender sinus on the instep, leading to a small ulcer about an inch above, it ulcerated out in three days; while at the same time, in another case, a needle was placed under each saphæna, and one beneath the common vein, at their point of union: the needle on the anterior branch was not removed till the twelfth day, and the other two not till the

nineteenth. I have since seen two instances in which the needles were retained till the end of the third week. Generally speaking, when inserted over a bone, they excite ulceration more rapidly than when upon soft parts; and I am inclined to think that, in the last situation, they are more apt to give rise to an undue degree of inflammation: at least, in the only two cases in which their application was followed by troublesome abscesses, they had been inserted beneath sinuses in the calf of the leg. Considerable pain is sometimes excited by the operation, but it usually soon subsides; and I have not, in any instance, known tenderness to extend in the course of the vein above two or three inches from the point of constriction; and in none has it resisted ordinary treatment: indeed, in no instance which I have seen have any serious symptoms resulted from the operation.

The cases in which I have found this treatment applied have been in small irritable sores remaining after the bursting of large varicose sinuses, inveterate ulcers connected with a generally enlarged condition of the veins of the limb, and œdema of the leg and ankle, either simple or attended with a serous discharge from the skin; and in all of the cases but two in which I have seen it had recourse to, the results have been most satisfactory; and in these, as only one needle was inserted, and other sinuses were left unobliterated, success was hardly to be expected. The number of needles which I have generally seen inserted has been three or four in each limb, but, in some instances, five or six have been applied; the rule adopted having been generally to insert in a case of varicose ulcer one under each enlarged vein an inch or so below the ulcer, and again on each trunk a few inches above it, selecting for the points of their insertion the largest sinuses. Sometimes I have adopted the plan mentioned by Mr. Dodd, of placing on each vein two needles an inch or an inch and a half apart, so as to effect adhesion of the sides of the intervening tract; and in these cases the main trunk will, after the cure is effected, be often found contracted to a firm cord up to the point at which the next large vein communicates with it; while, where a single needle only is inserted, the portion of the sinuses around is often not affected by the operation.

The effect produced on the sore by the obstruction to the course of the large veins in connection with it, is often most rapid; the inflamed margin gradually subsides, the edges become depressed, granulations spring up, and cicatrization quickly proceeds; and sores which have been liable to bleed entirely lose that tendency, the granulations becoming firm. I have, however, observed what has been noticed before by Mr. Dodd, that the healing process was not equally rapid throughout, the good effect produced by the needles sometimes gradually subsiding, and considerable difficulty being experienced in obtaining the entire healing of the sore.

In this way ulcers which had long been under treatment, without deriving any advantage, have, in several instances, been cured, and others which were found to return as soon as the patient resumed his

work, have, by the aid of a laced stocking, been kept healed; indeed, not only does it appear to be a rapid method of effecting the cure of these cases, but I am inclined to regard it as also a more permanent one. The first case in which I made trial of the practice was one of œdema of both legs, attended with excoriation of the skin, and a fœtid discharge, connected with a very varicose state of the large veins. The man, by trade a rope-maker, had been repeatedly under treatment before with very partial benefit; and no sooner did he resume work than the disease returned. On this occasion he had been subjected to the ordinary treatment during a month that he had resided in the infirmary, but with little or no advantage. Under these circumstances, as the case seemed to offer a fair opportunity for treatment with the needles, three were inserted beneath large sinuses in one leg, which was nearly well before the same plan was adopted in the other. He was discharged, entirely cured, on needles being introduced in the other limb, in six weeks from the commencement of the treatment. Two years have now elapsed, and he continues perfectly free from any return of his complaint.—Of two men one had suffered from varicose ulcers on both legs for nine years, the other for five; and both had been several times under treatment in neighbouring infirmaries, but no sooner did they return to their work, that of cotton-spinning, than the ulcers again broke out. Seven needles were inserted in the legs of one, and three in the other; and both were cured, one in seven, the other in three weeks, and continued so for at least four months, during which I had an opportunity of noticing them. Indeed the absence of any pain, swelling, or weakness in the limbs, which they said, as healed before, they had always found to continue, and the sound appearance of the cicatrices, afforded a fair prospect of permanent cures having been effected. The state of the limb afterwards, and the pale, healthy-looking cicatrices, form a great contrast between cases treated by this and by the ordinary methods. I had a case recently under my charge, in which an ulcer, fully the size of the palm of the hand, was entirely cured in little more than a month, and this notwithstanding that copious suppuration was excited by the needles in the cellular membrane of the calf of the leg. This patient had previously been subjected to treatment for four months, with every advantage of circumstances for the cure of a sore in the same situation; and the case was further interesting as being attended by severe pain in the sole of the foot—an occurrence which was met with in one of Mr. Dodd's patients—and having been an old man of 70; while Bonnet, in an essay on this subject, published in Paris, has stated that the operation will not be successful after the age of 60, in consequence of the indisposition of the blood to coagulate, and that it should not be attempted. I heard of the man several months after his discharge; he was following his work and his limb continued sound. I regret that, in consequence of most of the patients on whom the plan was tried in the infirmary residing at a distance, I am not able to speak of them after they left the institution.

The above remarks were written more than twelve months ago. I

have now nothing further to add than that additional experience fully confirms the opinion expressed of the safety and rapidity of the cure of disease dependent on varicose veins, by the plan referred to, and I have reason to regard it as also a permanent one, care being of course taken to support the limb by a laced stocking or bandage, as otherwise the same cause which gave rise to the varicose condition of the veins will lead to the dilatation of fresh ones.—*London Med. Gaz.* Nov. 5, 1841.

Hyper-operating.—The Lancet again brings before us an extract from the paper of Mr. J. Braid, published in the Edinburgh Medical and Surgical Journal. It is a favour to the reviewer when the original writer spares him all necessity for severity in criticism, by *a clearness of style and a decision both of purpose and expression* which render comment supererogatory. We give the reader two short extracts from the paper in question; simply italicising a few words, and adding two notes of *admiration*.

“Different instructions as to what tendons should be divided in each variety of varus are given by surgeons, and I find an American editor, Dr. Chase, is advocating mechanical extension alone. His cases comprise no difficulties, and would have been cured in less time, and with less pain, by the cutting treatment.

Having operated upon two hundred and forty-six club-feet, embracing every variety and every age, from fifty-three years to two days old; and having, in the course of this practice, tried many modes of operation, the results of which I have watched with strict attention, I trust I may not be deemed presumptuous in offering opinions different from others who have written upon the subject, *but whose opportunities of observation may not have been so ample as my own*, however competent they might have been in other respects.

It appears to me, that it is not enough to say that any given method should be adopted, because cases have been cured by that plan. The plans must vary according to the cases.

In a case of pure talipes equinus with rigid contraction, it will generally be found that not only is the tendo Achillis and plantaris implicated, but also the flexor longus pollicis pedis and flexor longus digitorum, tibialis posticus and peronæus longus and brevis. I am aware that after dividing the tendo Achillis alone, forcible extension will be adequate to bring the foot into its natural position; but I am certain that it will be after much longer time has been expended, than if all the rigid muscles had been divided at once. Moreover, I confidently affirm that if all are divided, and the foot brought to its natural position *within four or five days*, sufficiently firm reunion will have taken place to enable the patient to extend the foot. If any of these muscles are relaxed, it would be superfluous to divide them; but as they are generally proportionally contracted, by dividing them, the patient is saved much suffering during the extension, and the danger of relapse is lessened.

The wounds being closed with adhesive plaster, the foot and leg should be bandaged as high as the knee, to retain the foot in its original malposition for a few days, and absolute quiet and rest should be enjoined. Extension should begin in two days, and in three or four the foot may be brought to a right angle with the leg.

For the same reason in varus, I divide at once every tendon which can possibly retain the foot in its malposition; viz., Achillis, tibialis anticus, tibialis posticus, flexor longus pollicis pedis, and flexor longus digitorum, and abductor pollicis, if required; and should there be much contraction of the sole of the foot, the plantar fascia as well as the short flexors! The wounds being closed, and the foot maintained in its original position, in two days extension may be commenced, so as to bring down the heel, and evert and flatten the foot at the same time. I consider the treatment by *successive* divisions of the tendons as objectionable. 1st, it retards the cure; 2d, it causes too much new tendon to be inserted between the divided ends of the tibialis anticus, and thus weakens the power of bending the foot; and, 3d, it renders necessary a second division of the tibialis posticus, flexor longus pollicis pedis, and flexor longus digitorum.

In valgus the peronæus longus and brevis generally require division, and sometimes also the tendo Achillis, peronæus tertius, and extensor longus digitorum, and proprius pollicis pedis. In two days such splints as will maintain necessary extension should be applied.

In calcaneus talipes the tibialis anticus, extensor proprius pollicis pedis, extensor longus digitorum pedis, and peronæus tertius, generally require to be divided. Divide *either all or as many as seem to bear on maintaining the malposition!*

We cannot quit this subject without recommending to the notice of some of our American brethren of the knife, the care with which the muscles so unhesitatingly divided, almost *ad libitum*, are named by the author of the paper. Some of our operators have been contented with merely *numbering them*, as thus: *I divided three, five, or six tendons*—as the case may be—and *brought the heel down in three, four, or five days*. If this method be really preferred, after due consideration, it might be well to publish a stereotype formula with the necessary blanks, as the multitude of operations in this line is increasing to such an extent that it will soon become a distinction in surgery *not to be a distinguished tendon cutter*.

Treatment of Asphyxia from Drowning.—As most practitioners in the city or country are occasionally called upon to attempt the resuscitation of persons apparently drowned, yet not so frequently as to bear in mind at all times the differences of opinion among the more experienced, as to the artificial respiration, and the time at which it becomes useless, we extract the following remarks from a debate on the

subject before the Westminster Medical Society, in October last, as published in the London Lancet for October 30th.

Mr. Forbes Winslow led off this portion of the debate, which was collateral with a discussion on the various forms of asphyxia in new-born infants, eliciting nothing new, as far as we can judge from the report.

“Mr. Winslow was of opinion that inflation by air breathed from the mouth of the practitioner was the best plan of carrying on artificial respiration. Experiments had shown that the air so used was but little altered in quality, and contained only one-hundredth part less of oxygen than it did previous to its being respired. With respect to the recovery from asphyxia by drowning, Dr. A. T. Thomson had related a case in which a person who had been twenty minutes under water was restored; while other cases were recorded, in which three minutes' immersion was sufficient to entirely destroy life, and frustrate all efforts for its revival. How did we account for this discrepancy? The most experienced pearl-divers could not remain under water more than five minutes. He (Mr. Winslow) thought that when persons fainted immediately on submersion, vitality was longer retained in consequence of there being less demand upon the system than when struggles were made by the sufferer.”

“Dr. Chowne would look with suspicion on any case of recovery from asphyxia by drowning, in which it was stated that the person had been under water for more than six or seven minutes. He believed, indeed, that there was no well-authenticated case of recovery in which the submersion had exceeded six minutes.”

“Mr. Wooley thought Mr. Read's instrument would be of great service in asphyxia, whether occurring in adults or infants. He had been in the habit of using the means recommended by the Humane Society to keep up artificial respiration, for some years. The instruments used were the bellows and the trachea-tube. The use of the bellows might be productive of much injury; and it was not always an easy matter, even to those who knew the anatomy of the parts well, to insert the trachea-tube into the proper orifice. Mr. Read's instrument did away with these objections, and he considered it an admirable means of keeping up artificial respiration.” “In asphyxia from drowning, however, he had seldom found much benefit from attempts to keep up artificial respiration. When a body was brought to the receiving-house, it was immediately placed in a bath at 100°. Respiration most frequently occurred spontaneously whilst the person was in the bath, and in some cases it took place before the patient had arrived at the station. If, after the body had been placed in the bath, there was no appearance of vitality, he had generally found the employment of artificial respiration of no benefit. Respiration, when first returning, was generally interrupted and spasmodic; it then became regular, and frequently no ill consequences followed. There was, however, in many cases, much mischief supervening in the form of congestion of the brain and thoracic viscera. In some cases of this kind, the convulsions were so great, that the patient was held

with difficulty whilst blood was abstracted. In these cases the only instrument he had found of service was the lancet ; and it was often necessary to take away a considerable quantity of blood.

Mr. Woolley then read a case illustrating the length of time during which life may be preserved under water. It was first published in the report of the Royal Humane Society in 1840, but as the report is in few hands in America, we extract from it every thing essential.

“ At about half-past ten in the morning, a police-constable on duty, and the gate-keeper, saw a man, a little more than half way over the bridge, place his hat upon the pavement, mount the parapet, and leap into the water. The policeman ran to the spot where the occurrence had taken place, and the gate-keeper to his lodge, in which was one of the society's speaking-trumpets, to use it in calling for a boat ; but before doing so, he took out his watch, and carefully observed the time. When he saw the boat coming, he ran and joined the policeman and others who were observing the man in the water. From the time of his jumping in he had remained under the surface, supported in a perpendicular position by the flaps of his coat, which lay *upon* the surface, a small portion of the scalp being out of the water. His face was never above the surface, and a great number of small air-bubbles kept coming up from the commencement. He moved very little—at length a large bubble came up, and he immediately began to sink deeper ; the bystanders now exclaimed that it was all over with him. At this moment the boat reached the spot, when he had sunk so low that his coat tails were but just within the reach of the arm of the man employed by the institution, who, however, got hold of them, and pulled him into the boat. The gate-keeper then looked at his watch, and found that exactly *five minutes* had elapsed since he first noted the time. The man was apparently dead ; but just after he was laid down in the boat a low moan was heard, another midway between the bridge and the receiving-house, and a third when he was on the stretcher being carried into the house. There was, however, no *appearance* of breathing nor of life when he was put into the warm bath, which was ready upon his arrival ; but, almost immediately after, convulsive and irregular breathing commenced—he breathed irregularly and moaned occasionally for about fifteen minutes. In five minutes more I saw him ; his breathing was then quite natural, his pulse regular and good ; he had no pain in the head or chest, nor any where else, and felt pretty well ; his face, however was very pallid, and his eyes suffused : he looked like a man who had suffered from habitual intemperance, which I found was the case. I now had him taken from the bath, and put upon the warm bed, apparently free from cerebral or *thoracic* congestion, and only wanting strength to enable him to go home. As the ward was too hot and close, I desired that a little air might be let in, and left the room for a short time. On my return, I found that my order had been misunderstood, and all the windows had been opened. I was absent only a very few minutes in the adjoining room. The effect of this admission of cold air was to produce oppressed breathing and

much cough, and to require treatment and watching, which detained me six hours at the receiving-house; they would not take him into St. George's Hospital and, till the expiration of that time, I did not think it safe to send him home. This shows the importance of warm air in resuscitation."

The use of iodide of potassium has become so general of late, that any facts relative to its practical operation are interesting. The following conversation on this subject took place at the London University College Medical Society, Oct. 8th, 1841. The questions in reference to this medicine were—first; whether the occasional injurious effects of it are confined to large or small doses? and secondly; what is the peculiar constitutional state in which unpleasant results are most apt to ensue? The remedy is so valuable that we should be very sorry to lose it; and we would be glad if our correspondents would notice as much as possible the favourable or injurious effects of the iodide of potassium, and other preparations of iodine.

Injurious effects of Iodide of Potassium in small and large doses.

Mr. Erichsen related a case of chronic rheumatism, in which he had administered five grains of iodide of potassium in two doses, when alarming symptoms came on. There was difficulty of breathing, pain in the chest, excessive discharge from the eyes and nostrils, inflamed conjunctivæ, and most of the symptoms of violent catarrh. The iodide was discontinued, and the patient speedily recovered. He thought the case remarkable on account of the small doses of the iodide that had been given, and the rapidity with which the patient recovered when the medicine was left off.

Mr. Hardwicke had seen even smaller doses than those mentioned by Mr. Erichsen produce the same effects. He thought that these symptoms came on in a peculiar state of the system at the time, and were not the result of a particular idiosyncrasy.

Mr. Bucknill had also seen the effects spoken of from the use of the iodide. It was remarkable that when doses of a scruple or half a drachm were given, the bad effects, when they did take place, were by no means increased in proportion to the dose.

Dr. Lankester had always witnessed the severest effects from large doses. Inflammation of the eyes, erythematous eruptions, and faintings, attended with oppression at the epigastrium, were the most prominent symptoms. These effects yielded quickly to abstinence from the medicine. He did not think large doses increased the absorbent effect of the medicine.

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